

Online tools are another way we're Health*caring*

Are you Healthcaring with us?

If not, you're missing an opportunity that only BlueHealthConnection®, the Blues' award-winning health care management program can give you.

At the Blues, we believe that providing health care coverage involves more than just paying your claims. That's why we created BlueHealthConnection, a health care partner whenever you need one and a powerful tool for making every one of our Blue products stronger and more effective.

With Blue Cross Blue Shield or Blue Care Network of Michigan coverage and BlueHealthConnection, you can connect with health resources that are designed to help you, along with your health care professionals, make informed medical decisions.

BlueHealthConnection recently added a powerful online tool that includes a wealth of health-related topics, issues and information — all custom tailored to meet your individual health needs.

It all starts when you take the online *Health Risk Appraisal*. This quick but comprehensive questionnaire, developed by doctors and leading health researchers, can help you pinpoint specific health issues and risks. After you fill out the appraisal, BlueHealthConnection takes over, sending you personalized health information and tips on your own home page.

The result is an online health experience available to you and your covered dependents 24 hours a day, seven days a week.

After taking the appraisal, you can view the results as often as you like and the online appraisal can be taken every six months.

Online tools are another way we're Health caring continued on page 2

This issue provides a variety of timely information related to your health care benefits and your health care needs.



Online tools are another way we're Health caring continued from page 1

For the most thorough findings, you should have the following information on hand when you log in to take the 15-minute appraisal questionnaire:

- Most recent blood pressure readings
- Cholesterol levels
- Date of last checkup
- Recent vaccination dates

When you log on, you'll also find:

- The latest health news
- A personal health record to track important health information, including conditions, medications and drug interactions and emergency information
- Physician appointment and check-up reminders

And that's only part of what BlueHealthConnection has to offer. Here are some of the other features that can help you stay healthy, get better or live with a chronic illness:

- Disease and case management programs for those with serious or chronic health conditions
- A 24/7 toll-free health call center for Blue Cross members to call a nurse health coach for answers and health information
- A toll-free message center for BCN members to request health education materials
- Chronic disease booklets and other written materials or videos to assist members with important health decisions.
- Quit the Nic smoking cessation program.

BlueHealthConnection's online health resources are only a click away. Just follow these simple steps to register online and off you go!

- 1. Go to **www.bcbsm.com** and click on the "Members and Groups" tab at the top.
- 2. Click on "Register" on the left side of the screen, or Login with your User ID and password.
- 3. Click on "BlueHealthConnection" on the left side under "Secured Area."



Please take the following letter and procedure code list to your physician or office billing staff so that they are up-to-date with the latest preventive services that Blue Cross Blue Shield of Michigan covers for our State Health Plan PPO members.

At BCBSM, our goal is to help you stay healthy. The best way for you to accomplish this is to visit your doctor for regular health exams and screenings. Regular checkups can lead to diagnosing diseases in their earlier, more treatable stages. This is true if you are young or old, male or female, active or sedentary. Your need for certain screenings change as you age and you may need them more often if you have risk factors for a disease.

What screenings do you need? Talk to your doctor and visit BlueHealthConnection® at www.bcbsm.com. You can take our online Health Risk Appraisal to pinpoint your potential health issues.

January 2006

Attention: Blue Cross Blue Shield of Michigan providers

Subject: Preventive Services

At Blue Cross Blue Shield of Michigan, our goal is to help you deliver the best in quality, affordable care for your patients. In response to 2005 procedure code changes that may affect how you bill for some covered services under the State Health Plan PPO preventive care benefit, we have updated and expanded the preventive care listing for treating State of Michigan members.

To ensure that patient care, billings, and reimbursement proceed as efficiently as possible, please note the following changes regarding State Health Plan PPO preventive services:

- Effective Jan. 1, 2006, preventive care services are covered for each member up to \$1,500 per calendar year. For Michigan State Police Troopers, these services are covered up to \$750 per calendar year.
- Providers should report preventive services using a routine or screening diagnosis. The attached chart identifies
 tests and procedures that are payable if billed with a diagnosis that is routine or screening. (Important: If
 services are billed with a medical diagnosis or for diagnostic purposes, they may be subject to
 member copayment and/or deductible requirements.)
- Preventive services are not covered when provided by non-network providers unless otherwise specified in the attached document.
- Regarding Medicare-eligible members, BCBSM will only reimburse participating providers for those preventive services not covered by Medicare.
- Preventive services are not covered with referrals to a non-network provider for preventive care procedures unless otherwise specified in the attached document.
- The following preventive care services are **not** subject to the preventive care maximum:
 - Flu shots
 - Mammography screening (includes one screening per member, per calendar year, regardless of age);
 digital mammography is covered and paid at the same rate as standard film mammography.
 - Colonoscopy
 - Digital rectal exam
 - Double contrast enema

The procedure codes listed on the other side of this letter are covered under the preventive care benefit if billed with a routine or screening diagnosis.

If you have any questions about the State Health Plan PPO preventive care services, please contact web-DENIS, CAREN+ or our Provider Inquiry department.

**Preventive Care Service	Procedure Code	Comments
***Chemical Profiles	*80050, *80051, *80053, *80061.	During your health maintenance exam, certain laboratory work may be performed as a routine screening. These are the only payable laboratory services covered under your preventive benefit.
***Chemistry	*83655, *83718	See comments under Chemical Profile.
Colonoscopy	G0105, G0121, *00810, *45378	American Cancer Society guidelines apply. Dollar maximum not applicable.
***Complete Blood Count	G0306, G0307, *85004, *85013, *85014, *85018, *85025, *85027	See comments under Chemical Profile.
Chest X-ray	*71020	During your health maintenance exam, certain diagnostic work may be performed as a routine screening. These are the only payable diagnostic services covered under your preventive benefit.
Digital Rectal Exam	G0102	American Cancer Society guidelines apply. Dollar maximum not applicable.
Double Contrast Enema	G0106, G0120, *74270, *74280	American Cancer Society guidelines apply. Dollar maximum not applicable.
EKG/ECG	G0366, G0367, G0368, *93000, *93005, *93010	See comments under Chest X-ray.
Fecal Occult Blood Screening	G0107, G0328, *82270, *82274	American Cancer Society guidelines apply.
Flexible Sigmoidoscopy	G0104, *45330	American Cancer Society guidelines apply.
Flu Shot	90655-90658	FluMist (*90660) is not payable.
Gynecological Exam	*S0610, *S0612, *S0613, G0101, Q0091	Includes breast and pelvic exam and obtaining pap smear specimen.
***Hepatitis C Screening	*86803, *86804	See comments under Chemical Profile.
Health Maintenance Exam	G0344, *99384-*99387, *99394-*99397	Includes the initial or periodic evaluation or reevaluation of an individual including a comprehensive history, exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures.
Immunizations	*90465-*90468, G0008-G0010, *90471-*90474, *90585, *90632-*90634, *90636, *90645-*90648, *90665, *90669, *90675, *90676, *90680, *90690-*90692, *90700-*90708, *90710, *90712, *90713, *90715-*90719, *90721, *90723,*90725, *90727, *90732, *90733, *90734, *90735, *90740, *90743, *90744, *90746-*90748	All immunizations are payable except: Non-Payable Immunizations *90476, *90477, *90581, *90586, *90660, *90693, *90698, *90720
***Prostate Specific Antigen	G0103, *84152, *84153, *84154	
***Routine Pap Smear	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, *87620, *87621, *88141-88143, *88147, *88148, *88150, *88152-88155, *88160-88162, *88164-88167, *88172-88175	
Routine Mammogram	G0202, *76092, *76083, S8075	Dollar maximum not applicable.
Urinalysis	*81000-*81003	See comments under Chemical Profile.
Venipuncture	*36415	
Well-Baby and Child Care	*99381, *99382, *99383, *99384, *99391, *99392, *99393, *99394	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new and/or established patient.

- * CPT codes, descriptions and two-digit numeric modifiers only are copyright 2006 American Medical Association. All rights reserved.
- ** The annual dollar maximum for calendar year 2003 was \$500 per member. The annual dollar maximum was increased to \$750 per member effective January 1, 2004 and \$1,500 per member effective January 1, 2006.

Preventive services require a diagnosis that reflects routine or screening.

Your coverage pays for preventive services when rendered by PPO providers. This applies to active employees and non-Medicare eligible retirees. Medicare eligible members must utilize providers who accept Medicare.

*** PPO providers are required to send laboratory work to participating laboratories.

Why are they asking to verify my address again?

When you contact the BCBSM State of Michigan Customer Service Center, you may be asked to verify your contact information. This is a federal requirement as part of the Health Insurance Portability and Accountability Act.

We ask for basic information such as your name, address, birth date and telephone number to ensure that we are treating the patient listed in our records with your contract number. All such information is protected and the HIPAA laws require that we keep this information private.

Vendor reminder

Please contact Express Scripts for any questions regarding your prescription coverage and Magellan Behavioral Health for your mental health and substance abuse services.

You can reach Express Scripts at 1-800-505-2324 and Magellan Behavioral Health at 1-866-503-3158.

These vendors are not affiliated with Blue Cross Blue Shield of Michigan and we cannot respond to questions about their services.

When calling either company, you will be asked to provide your contact information (name, telephone number and address). You must contact Express Scripts or Magellan for additional or replacement cards for mental health and substance abuse services.

Please note that you have three different I.D. numbers from three different vendors (BCBSM, Express Scripts and Magellan). Please make sure you have the proper I.D. card in front of you when you call the appropriate customer service area.

Online EOBs are available

You can help save trees by signing up to receive your Explanation of Benefits statements online.

Online EOBs make it easier for you to organize your benefit and cost-sharing information than with paper statements.

You can access EOBs online securely from any personal computer at any time to track:

- Health care services
- Benefit payment histories
- Status of deductibles and copayments

You can access electronic EOB statements by visiting our Web site at **www.bcbsm.com/eob**.

Once you sign up, you will no longer receive paper EOB statements through the mail.



BCN rated Excellent by NCQA for 7th consecutive time

Blue Care Network kept its streak alive, receiving "Excellent" accreditation from the National Committee for Quality Assurance for the seventh consecutive time. The NCQA is a nonprofit organization dedicated to improving the quality of health care through measurement and accountability. The accreditation rating followed NCQA's review of BCN's core systems and processes.

The NCQA evaluated BCN in five categories: "Access and Service," "Qualified Providers," "Staying Healthy," "Getting Better" and "Living with Illness." BCN earned four stars in each of the categories.

The NCQA also cited our physician recognition program and our physician performance measurement and improvement processes as important factors in the high rating.

BCN's disease management programs fully accredited

The NCQA has awarded Blue Care Network "full patient and practitioner oriented accreditation" for its asthma, diabetes, congestive heart failure and cardiovascular disease management programs.

This is a notable achievement, as NCQA President Margaret O'Kane explained: "NCQA disease management accreditation demonstrates that an organization is wellsuited to deliver programs to manage care for the seriously or chronically ill. And it's a difficult test — it says a lot that an organization is willing to step forward to be reviewed."

BCN has built its comprehensive disease management programs by working together with members, physicians and other medical providers to ensure that identified members receive the tools they need to live with chronic

illnesses. BCN nurses also work closely with members to help them understand their diseases and treatment plans, get needed checkups and tests and encourage them to work with their primary care physicians.

"It's gratifying to have NCQA affirm once again what we're doing in our disease management programs,"

said Kevin Seitz, BCN president and CEO. "Given the standards of quality we set for ourselves, and the standards for NCQA accreditation, our customers and members can feel very good about the level of care they receive through these programs."



BCN adds hospital, physicians in West Region

BCN's network has added a hospital, four primary care groups and 19 new primary care physicians on the west side of the state, making BCN more attractive to members in west Michigan. The additions include:

- Kelsey Campus Spectrum Health Hospital in Lakeview, which has rejoined the BCN hospital network
- Michigan Medical, PC a Grand Rapids-based multispecialty group with more than 230 affiliated PCPs and specialists serving Zeeland, Grand Rapids, Holland and Greenville
- We Are for Children a 16-member, pediatric-focused primary care group comprised of physicians from ABC Pediatrics, Cascade Pediatrics, Forest Hills Pediatrics and Western Michigan Pediatrics, which serve the greater Grand Rapids area
- PHO of Greater Montcalm, affiliated with Spectrum Health, whose 10 primary care physicians work with existing specialists to serve Montcalm and Ionia counties
- Holland-based Principal Health PHO, with 23 primary care physicians, which is tied to Holland Hospital and serves Ottawa and Allegan counties
- Hackley PHO in Muskegon added 19 new primary care physicians to its roster.

BCN ranks among top 100 managed care plans

BCN ranked 83rd out of the 257 commercial managed care plans that were analyzed by U.S. News & World Report in cooperation with the NCQA. The ranking was based on customer access to health care, overall member satisfaction, preventive services, treatment and NCQA accreditation.

"It's good to be in the top 100 because it shows we're doing many things right," said Kevin Seitz, BCN president and CEO.

U.S. News & World Report also gave plans an overall point score. BCN received 87 points. "It's interesting to note that fewer than seven points separate BCN from the top-rated plan in the nation, which demonstrates the highly competitive nature of the health care business," said Seitz.



BlueHealthConnection earns praise

The BlueHealthConnection® program has been a resounding success at motivating members to take positive actions to improve their health. A recent survey demonstrated that members participating in the program are significantly more likely to increase their activity levels and watch their diet.

"We are encouraged that survey results showed the vast majority of our members took some type of action after an encounter with BlueHealthConnection — that's an important goal," said Karen Maher, Blue Cross Blue Shield of Michigan vice president of Medical Care Management

BlueHealthConnection earned rave reviews from members who participated in the care management program.

Blue Cross Blue Shield of Michigan and Blue Care Network surveyed more than 700 members with Traditional, PPO or HMO coverage. An overwhelming 88 percent said they were "satisfied" or "very satisfied" with the program. Eight of 10 participating members said they would use the service again and 89 percent said they are likely to recommend BlueHealthConnection to a friend or coworker.

Nearly nine of 10 users believe that their encounter with BlueHealthConnection had a positive impact on their ability to take care of their health on their own. Results also showed that a majority of those polled:

- Said it improved the quality of their interactions with their physicians
- Took action that could lead to a positive lifestyle change

Some the program's features include online information on staying healthy, phone conversations with a nurse health coach on various health topics and personal visits from nurses for complex health issues.

BlueHealthConnection nurses do not diagnose medical conditions; they provide resource information through a variety of means. These include telephone conversations, direct mail communications, care handbooks, an audio tape library and educational videos.

Member participation in the program is voluntary with more than 2 million Blues members eligible to call a health coach. Nurses also may initiate contact with members who are at a greater risk due to chronic or serious medical conditions.

Members can learn about the available services at work, through a telephone call or by a direct mail piece.

Care management is a trend whose time has come, according to a Towers Perrin survey. In *Keeping Employees Engaged About Health Care*, nearly 75 percent of employees surveyed said they would find employer-provided access to health-related Web sites and professional, medical phone support helpful in making health care decisions.

For Your Benefit

State of Michigan Employees

Blue Cross Blue Shield of Michigan 600 E. Lafayette Blvd. — Mail Code B180 — **Newsletter return only** Detroit, MI 48226-2998 PRESORTED STANDARD U.S. POSTAGE PAID BLUE CROSS BLUE SHIELD OF MICHIGAN

How to reach us

For benefit information or claim inquiries, call or write the BCBSM State of Michigan Customer Service Center.

To call

1-800-843-4876

Our customer service representatives are available from 8:30 a.m. to 4:45 p.m. Monday through Friday excluding holidays.

To write

Please send all correspondence to:

State of Michigan Customer Service Center Blue Cross Blue Shield of Michigan P.O. Box 80380 Lansing, MI 48908-0380

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For Your Benefit IN THIS ISSUE:

Online tools are another way we're Healthcaring	1
Why are they asking to verify my address again?	5
Vendor reminder	5
Online EOBs are available	5
BCN rated Excellent by NCQA for 7th consecutive time	5
BCN is disease management programs fully accredited	6
BCN adds hospital, physicians in West Region	6
BCN ranks among top 100 manager care plans	7
BlueHealthConnection earns praise	7

